

M.D.

PROP 93

Late Contribution Report

Type or print in ink.
Amounts may be rounded to whole dollars.

LATE CONTRIBUTION REPORT

NAME OF FILER Stephen L. Poizner		Date of This Filing 01/23/2008	Date Stamp RECEIVED AND FILED in the office of the Secretary of State of California JAN 23 2008 DEBRA BOWEN Secretary of State	CALIFORNIA FORM 497 For Official Use Only R/pm
AREA CODE/PHONE NUMBER 949-858-7448	I.D. NUMBER (if applicable) 1229703	Report No. 1-2008		
STREET ADDRESS		<input type="checkbox"/> Amendment to Report No. (explain below)		
CITY Rancho Santa Margarita, CA	STATE CA	ZIP CODE 92688		
		No. of Pages 1		

Late Contribution(s) Made

DATE MADE	FULL NAME, STREET ADDRESS AND ZIP CODE OF RECIPIENT (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CANDIDATE AND OFFICE OR MEASURE AND JURISDICTION	AMOUNT OF CONTRIBUTION	DATE OF ELECTION (IF APPLICABLE)
01/23/2008	Alliance for California's Renewal (#1302319) Rancho Sta Margarita, CA 92688	No on 93 - Term Limits Initiative - Constitutional Amendment State of California	1,000,000.00	02/05/2008

Reason for Amendment: _____

FPPC Form 497 (January/05)
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)

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SECOFSTATE

PRESLEY&ASSOC

01/23/2008 16:12 FAX 9498586807

M.D.

PROP 93

Late Contribution Report

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LATE CONTRIBUTION REPORT

NAME OF FILER EDISON INTERNATIONAL AND AFFILIATED ENTITIES		Date of This Filing 01/23/2008	Date Stamp JAN 23 2008	RECEIVED AND FILED in the office of the Secretary of State of the State of California DEBRA BOWEN Secretary of State RDM
AREA CODE/PHONE NUMBER 213/624-6200	ID. NUMBER (if applicable) 478006	Report No. 01232008		
STREET ADDRESS		<input type="checkbox"/> Amendment to Report No. _____ (explain below)		
CITY ROSEMEAD, CA 91770	STATE CA	ZIP CODE 91770	No. of Pages 1	

Late Contribution(s) Made

DATE MADE	FULL NAME, STREET ADDRESS AND ZIP CODE OF RECIPIENT (IF COMMITTEE, ALSO ENTER ID NUMBER)	CANDIDATE AND OFFICE OR MEASURE AND JURISDICTION	AMOUNT OF CONTRIBUTION	DATE OF ELECTION (IF APPLICABLE)
01/22/2008	YES ON 93, CITIZENS FOR ACCOUNTABILITY AND LEGISLATIVE REFORM (#1299457) SACRAMENTO, CA 95814 CONTRIBUTION MADE BY SOUTHERN CALIFORNIA EDISON	PROPOSITION 93 STATEWIDE	25,000.00	02/05/2008

Reason for Amendment: _____

M.D.

Late Contribution Report

Type or print in ink.
Amounts may be rounded to whole dollars.

LATE CONTRIBUTION REPORT

NAME OF FILER Pharmaceutical Research and Manufacturers of America		Date of This Filing <u>01/23/2008</u>	RECEIVED AND FILED Date Stamp in the office of the Secretary of the State of California JAN 23 2008 DEBRA BOWEN Secretary of State	CALIFORNIA FORM 497 For Official Use Only R
AREA CODE/PHONE NUMBER 202-235-3466	ID NUMBER (if applicable) 1255706	Report No. <u>179301-01</u>		
STREET ADDRESS		<input type="checkbox"/> Amendment to Report No. _____ (explain below)		
CITY Washington, DC	STATE DC	ZIP CODE 20004		

Late Contribution(s) Made

DATE MADE	FULL NAME, STREET ADDRESS AND ZIP CODE OF RECIPIENT (IF COMMITTEE, ALSO ENTER ID NUMBER)	CAND DATE AND OFFICE OR MEASURE AND JURISDICTION	AMOUNT OF CONTRIBUTION	DATE OF ELECTION (IF APPLICABLE)
01/22/2008	Yes on Proposition 93, Committee for Term Limits & Legislative Reform (#1296108) Sacramento, CA 95814	Proposition 93 Statewide	\$00,000.00	

Reason for Amendment: _____

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PROP 93

497 Contribution Report

Type or print in ink.
Amounts may be rounded to whole dollars.

Filed

497 CONTRIBUTION REPORT

NAME OF FILER American Federation of State, County and Municipal Employees, AFL-CIO			Date of This Filing 1/23/08	RECEIVED AND FILED In the office of the Secretary of State of the State of California JAN 23 2008 DEBRA BOWEN Secretary of State	CALIFORNIA FORM 497 For Official Use Only <i>z/dm</i>
AREA CODE/PHONE NUMBER (202) 429-1088	I.D. NUMBER (if applicable) 745604		Report No. 3		
STREET ADDRESS			<input type="checkbox"/> Amendment to Report No. _____ (explain below)		
CITY Washington,	STATE DC	ZIP CODE 20036	No. of Pages 1		

2. Contribution(s) Made

DATE MADE	FULL NAME, STREET ADDRESS AND ZIP CODE OF RECIPIENT (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CANDIDATE AND OFFICE OR MEASURE AND JURISDICTION	AMOUNT OF CONTRIBUTION	DATE OF ELECTION (IF APPLICABLE)
1/23/08	Yes on 93, Committee for Term Limits and Legislative Reform Sacramento, CA 95814 - ID# 1296108	Proposition 93 - Limits on Legislators' Term of Office	200,000	2/5/08

Reason for Amendment: _____

SMO

PROP 93

RECEIVED AND FILED

in the office of the Secretary of State
of the State of California

STATE MAILER LATE PAYMENT REPORT

CALIFORNIA
FORM

498

For Official Use Only

JAN 23 2008

DEBRA BOWEN
Secretary of State

p/12m

Slate Mailer
Late Payment ReportType or print in ink.
Amounts may be rounded to whole dollars.☐ Amendment No. _____

Report No. _____ 01

STREET ADDRESS

NAME OF SLATE MAILER ORGANIZATION

COPS VOTER GUIDE

AREA CODE/PHONE NUMBER

OPTIONAL FAX/E-MAIL

I.D. NUMBER

599014

(916) 353-2778

CITY

STATE

ZIP CODE

POLSOM CA 95630

NAME OF CANDIDATE OR BALLOT MEASURE:

☐ SUPPORT
☐ OPPOSEOFFICE SOUGHT AND JURISDICTION OF THE CANDIDATE/BALLOT
MEASURE'S JURISDICTIONAMOUNT ATTRIBUTED
\$

NAME OF CANDIDATE OR BALLOT MEASURE:

☐ SUPPORT
☐ OPPOSEOFFICE SOUGHT AND JURISDICTION OF THE CANDIDATE/BALLOT
MEASURE'S JURISDICTIONAMOUNT ATTRIBUTED
\$

NAME OF CANDIDATE OR BALLOT MEASURE:

☐ SUPPORT
☐ OPPOSEOFFICE SOUGHT AND JURISDICTION OF THE CANDIDATE/BALLOT
MEASURE'S JURISDICTIONAMOUNT ATTRIBUTED
\$

NAME OF CANDIDATE OR BALLOT MEASURE:

☐ SUPPORT
☐ OPPOSEOFFICE SOUGHT AND JURISDICTION OF THE CANDIDATE/BALLOT
MEASURE'S JURISDICTIONAMOUNT ATTRIBUTED
\$

Late Payment(s) Received From:

NAME

I.D. NUMBER (if applicable)

Alliance for California's Renewal

1302319

ADDRESS

CITY

STATE ZIP CODE

Rancho Santa Margarita CA 92688

OCCUPATION/EMPLOYER OR NAME OF BUSINESS IF SELF-EMPLOYED (if applicable)

DATE RECEIVED:

01/22/2008

AMOUNT

\$

25,000.00

NAME OF CANDIDATE OR BALLOT MEASURE:

No on Prop 93 93

☐ SUPPORT
☒ OPPOSEOFFICE SOUGHT AND JURISDICTION OF THE CANDIDATE/BALLOT
MEASURE'S JURISDICTIONAMOUNT ATTRIBUTED
\$ 25,000.00

Statewide

NAME OF CANDIDATE OR BALLOT MEASURE:

☐ SUPPORT
☐ OPPOSEOFFICE SOUGHT AND JURISDICTION OF THE CANDIDATE/BALLOT
MEASURE'S JURISDICTIONAMOUNT ATTRIBUTED
\$